## Application Number 10/576,834 TRANSMITTAL 4/24/2006 Filing Date **FORM** First Named Inventor Bernd Stahl et al. Art Unit 1623 Michael C. Henry Examiner Name (to be used for all correspondence after initial filing) Total Number of Pages in This Submission 16 Attorney Docket Number 0470 - 061191

ENCLOSURES (check all that apply)		
Fee Transmittal Form	Drawing(s)	After Allowance communication to TC
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After Final	Petition to convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revolution Change of Correspondent Address	
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	Request for Continued Examination ("RCE")
Information Disclosure Statement	CD, Number of CD(s)	
	Landscape Table or	CD
Certified Copy of Priority	Remarks	
Document(s)  Poply to Missing Ports/		
Reply to Missing Parts/ Incomplete Application		
Reply to Missing Parts		
Under 37 CFR 1.52 or 1.53		
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name The Webb Law Firm		
Signature Winf H. Logs W.		
Printed Name William H. Logsdon		
Date February 18, 2	010 Reg.	No. 22,132
CERTIFICATE OF TRANSMISSION / MAILING		
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature May (In Mulsuthill		
Typed or printed name   Mary Ann	Mulvihill	Date February 18, 2010

## Typed or printed name | Iviary Ann IviuiViniii